

Lessons Learned from Strategies for Promotion of Evidence-to-Policy Process in Health Interventions in the ECOWAS Region: A Rapid Review

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Abstract

Context: The West African Health Organization (WAHO) is vigorously supporting evidence-informed policymaking (EIPM) in the countries of West Africa. EIPM is increasingly recognized as one of the key strategies that can contribute to health systems strengthening and the improvement of health outcomes. The purpose of this rapid review is to examine two key examples of evidence-based strategies used to successfully implement health interventions in each of the West African countries and to highlight the lessons learned. **Methods:** A rapid review technique, defined as a type of knowledge synthesis in which systematic review processes are accelerated and methods are streamlined to complete the review more quickly, was used. A PubMed search was conducted using the combination of the following keywords: Health, policy making, evidence, plus name of each of the 15 countries to identify studies that described the process of use of evidence in policymaking in health interventions. Two examples of the publications that fulfilled the study inclusion criteria were selected. **Results:** Among the key processes used by the countries to promote EIPM in health interventions include policy cycle mechanism and political prioritization, rapid response services, technical advisory group and steering committees (SCs), policy dialog, capacity-strengthening mechanisms, local context evidence and operational guidelines, multisectoral action and consultative process. **Conclusion:** Various degrees of success have been achieved in by West African countries in the promotion of EIPM. As the science of EIPM continues to evolve and better understanding of the process is gained among policymakers, more studies on effective strategies to improve the evidence-to-policy process are advocated.

Keywords: Evidence, policymaking, rapid review, West Africa

INTRODUCTION

The Economic Commission of the West African States through her specialized health institution, the West African Health Organization (WAHO), is vigorously supporting evidence-informed policymaking (EIPM) among the member states.^{1,2} The importance of EIPM is now widely recognized in West Africa as one of the key strategies that can contribute to health systems strengthening and the improvement of health outcomes through efficient policymaking.³ In order to achieve continued improvement in health outcomes in an efficient and equitable manner, a number of reports have advocated for the implementation of policies that are evidence informed.^{4,5} The World Health Organization (WHO) has indicated that policies that are informed by robust evidence have higher potential in

saving lives, use resources more efficiently, and better meet citizens' needs.⁶

The use of evidence in policymaking is a complicated process. This is because of the multiple definitions of what constitutes an evidence and how their use in policymaking is influenced by contextual factors. Evidence can either be scientific (research/surveys, quantitative/statistical

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data, qualitative data) or colloquial (economic, attitudinal, behavioral and anecdotal, experts opinion, propaganda, judgments, insight/experience, history, analogies, local knowledge, and culture).⁷ The West African region is layered in traditional, ethnic, religious, language, and cultural diversity, which is further heightened by the colonial legacy of fragmentation of the region by official language into Anglophone, Francophone, and Lusophone.⁸ The contextual issues, burden of underdevelopment, and weak health systems have combined together and made effective EIPM quite challenging in the region.

A number of WAHO-sponsored studies have shown that contextual factors such as culture and health systems' barriers including service delivery organization, the availability and ability of health services, and the quality of care, all act together to increase poor health outcomes in West Africa.^{1,9} Agyepong *et al.* argued that any attempt at improving health outcomes in West Africa must focus not only on increased investment in health interventions but more importantly on strengthening health systems and implementing lifesaving interventions that are evidence based.⁹

Across the 15 countries of West Africa, various strategies have been implemented to promote evidence-based policies. The purpose of this rapid review is to examine two key examples of evidence-based strategies used to successfully implement health interventions in each of the West African countries and to highlight lessons learned, and their implication for evidence-to-policy link.

METHODS

We employed the rapid review technique, defined as a type of knowledge synthesis in which systematic review processes are accelerated and methods are streamlined to complete the review more quickly than is the case for typical systematic reviews.¹⁰ This is with the intention of meeting policymakers' needs to inform policy development in a timely way.¹¹

A PubMed search was conducted in the month of April 2020 using the combination of the following keywords: health, policy making, evidence, plus name of each of the 15 West African countries. The search date ranged from 1966 to 2020 and was focused mainly on studies published in English and studies published in French but with titles and abstracts translated in English. The publication entries were initially screened using the following two key study inclusion criteria: (i) must have been conducted in any of the 15 West African countries and (ii) must describe policy components and the process of use of evidence in policymaking in any aspect of the health sector. We did not use gray literature because our emphasis was on peer-reviewed publications.

Two of the authors (CJU and BIU) independently performed the search and data extraction which involved screening of titles, abstracts, and the full texts of publications. Where there were disagreements, resolutions and consensus were reached

through discussion between the two authors, with confirmation from the remaining authors (IS and EJ).

Publications that fulfilled these initial inclusion criteria were identified. A second round of screening was conducted to select two publications from each country that best described the mechanism and/or processes used to facilitate evidence-to-policy-to-practice processes in health interventions with some measurable outcomes.

Two of the publications that satisfied the second round of inclusion criteria and adjudged to have excellent examples of country processes that promoted evidence-to-policy processes in health intervention were selected. The selection of two best examples of relevant studies is purely based on convenience. The study is a rapid review, designed to present to West African policymakers few excellent examples of successful evidence-to-policy processes across the sub-region. This is for the purpose of initiating further discourse on the subject.

RESULTS

Table 1 shows the outcome of the publication search. The highlights of the two of the publications adjudged as excellent examples of country processes that promoted evidence-to-policy processes are shown in Tables 2-4. A description of the findings is presented below.

Benin: Use of policy cycle mechanism and training workshops on evidence-informed policymaking

In Benin, two studies reported the process of EIPM to develop policies on user fees for cesarean sections¹² and nutrition.¹³ In the development of the policy on user fees for cesarean sections, the following EIPM steps: agenda setting, policy formulation and legitimation, implementation fidelity, and policy results were adopted.¹² To address possible challenges that could hamper the EIPM process and the development of policy on nutrition, identified capacity gaps were addressed through training workshops on problem-oriented EIPM, systematic reviews, cost-benefit evaluations, and evidence contextualization.¹³

Burkina Faso: Use of rapid response services and steering committees

Rapid response service (RRS) for health policy¹⁴ and establishment and implementation of SCs¹⁵ were the policy issues reported from Burkina Faso. The RRS facilitated the use of research evidence in policymaking. It largely reached the consolidation phase of the institutionalization of the initiative, after project leaders convinced policymakers of the importance of the service.¹⁴ In addition, the implementation of SCs as a collaboration mechanism between researchers and policymakers facilitated the co-production and co-utilization of research findings.¹⁵

Cape Verde: Use of policy dialog

Two studies^{16,17} from Cape Verde reported how the use of health policy dialog facilitated EIPM. One of the

Table 1: Description of outcome of the publication search for West African countries

Country	Search keywords	Total number of publications identified	Total number of publications selected after screening
Benin	Health, policy making, evidence, Benin	17	2
Burkina Faso	Health, policy making, evidence, Burkina Faso	34	2
Cape Verde	Health, policy making, evidence, Cape Verde	2	2
Cote d'Ivoire	Health, policy making, evidence, Cote d'Ivoire	6	2
The Gambia	Health, policy making, evidence, The Gambia	6	2
Ghana	Health, policy making, evidence, Ghana	71	2
Guinea	Health, policy making, evidence, Guinea	8	2
Guinea Bissau	Health, policy making, evidence, Guinea Bissau	3	2
Liberia	Health, policy making, evidence, Liberia	12	2
Mali	Health, policy making, evidence, Mali	8	2
Niger	Health, policy making, evidence, Niger	9	2
Nigeria	Health, policy making, evidence, Nigeria	88	2
Senegal	Health, policy making, evidence, Senegal	14	2
Sierra Leone	Health, policy making, evidence, Sierra Leone	8	2
Togo	Health, policy making, evidence, Togo	4	2

studies highlighted the policy dialog operational process and forum/platform for interactive and evidence-sharing orientation.¹⁶ The study noted that to achieve EIPM, it is imperative to ensure stakeholder participation, improving stakeholder harmonization and alignment, fostering continued institutional learning, providing a guiding framework, and facilitating stakeholder analysis.¹⁶ The second study noted that policy dialogs proved to be an effective tool in health sector management and could be a crucial component of the governance dynamics of the sector.¹⁷

Côte d'Ivoire: Use of technical advisory group and human resources for health monitoring

In Côte d'Ivoire, the evidence-to-policy process was reported with focus on immunization and vaccines¹⁸ and human resources for health (HRH).¹⁹ It was noted that the establishment of National Immunization Technical Advisory Group facilitated the use of evidence in the development and implementation of immunization policy in the country.¹⁸ The second study noted that with increasing experience in assessments for HRH monitoring comes greater need to establish and promote best practices regarding methods and tools for their implementation.¹⁹

The Gambia: Use of individual-, organization-, and institutional capacity-strengthening mechanisms

The focus of the two studies from Gambia was on vaccine surveillance²⁰ and on strengthening capacity on the supply and demand sides of evidence production.²¹ The first study observed that local institutions play a critical role in making surveillance data available to policymakers. The study noted that documenting the use of surveillance activities can be used as an advocacy tool to convince governments and external funders to invest in surveillance and make it a priority immunization activity.²⁰ The second study stressed the importance of individual, organizational, and institutional capacity strengthening to facilitate EIPM.²¹

Ghana: Use of technical advisory groups and policy dialog

The two studies from Ghana focused on national immunization²² and aging and health.²³ The first study examined the functionality of National Immunization Technical Advisory Groups (NITAGs) and noted that NITAG activities facilitated evidence-based decision-making processes with a critical role played by working group data syntheses and assessments.²² In the second study, stakeholders were engaged in a policy dialog, with the development and presentation of policy briefs to define priority problems and health system responses associated with aging. The framework was useful for engaging stakeholders to develop evidence-informed policies on aging.²³

Guinea: Use of policy dialog and pro-sustainability investment strategies

The two studies from Guinea focused on policy dialog²³ and on food and nutrition intervention.²⁵ The first study noted that policy dialog processes were well implemented (i.e., well facilitated, evidence based, participatory, and consisted of recurring meetings and activities)²⁴ The second study stressed the need to incorporate pro-sustainability investment strategies in food and nutrition programs for child survival. The study concluded that sufficient understanding of the level of complexity being targeted is required to promote evidence-to-policy process.²⁵

Guinea Bissau: Use of health research systems and human resources for health costing methodologies

In Guinea Bissau, the assessment of how the health research systems emerged and evolved over time and how the system functions to influence policymaking process were studied.²⁶ The study noted that if research is to contribute to local decision-making, it is essential to modulate the emerged system by setting national research priorities, aligning funding, building national research capacity, and linking research to decision-making processes.²⁶ The second study focused on the practice of costing exercises and HRH costing methodologies to improve evidence-to-policy link. The study noted that

Table 2: Profile and characteristics of publications reporting the processes that promoted evidence-to-policy processes in health intervention in Francophone countries of West Africa

Country	Author/year of publication	Health policy focus	Key policy components assessed	Main findings/evidence generated	Implication for evidence-to-policy process
Benin	Dossou <i>et al.</i> , 2018 ¹²	User fees for cesarean sections	Agenda setting, policy formulation, and legitimization	Policy development process suffered from inadequate uptake of evidence	The influence of organizational culture in the decision-making processes is important in the design and implementation of any policy
	Aryeetey <i>et al.</i> , 2017 ¹³	Nutrition	Problem-oriented EIDM	Identified capacity gaps were addressed through training workshops, cost-benefit evaluations, and evidence contextualization	Investing in knowledge partnerships and development of capacity and leadership are key to drive appropriate use of evidence
Burkina Faso	Zida <i>et al.</i> , 2017 ¹⁴	RRS	Process and extent of the institutionalization of RRS	RRS largely reached the consolidation phase of the institutionalization	The institutionalization process for the RRS promoted evidence-to-policy process in a timely manner
	Keita <i>et al.</i> , 2017 ¹⁵	SCs	Process used to establish committees (SCs)	The SCs provided technical assistance to researchers and facilitated the transfer and use of evidence	The “doing by learning” approach made it possible to develop strategies adapted to each context to create, facilitate, and operate SC
Côte d’Ivoire	Blau <i>et al.</i> , 2012 ¹⁸	Immunization and vaccines	Establishment of NITAG	NITAG facilitated evidence-to-policy process in the Ministry of Health	Success factors were a strong political will, availability of sufficient national expertise, a step-by-step country-driven process
	Gupta and Dal Poz, 2009 ¹⁹	HRH	Development and monitoring of HRH	Large diversity in both organization of health services delivery and distribution of health workers	With increasing experience in assessments for HRH monitoring comes greater need to establish and promote best practices
Guinea	Kwamie and Nabyonga-Orem, 2016 ²⁴	Policy dialog	Evaluative approaches to understand whether policy dialog led to improved harmonization	Policy dialog promoted EIPM and participatory policymaking	Policy dialog fostered information exchange among partners
	Kim <i>et al.</i> , 2013 ²⁵	Food and nutrition intervention	Incorporating pro-sustainability investment strategies in food and nutrition programs	Identification of the level of complexity of the expected change, given the intersection of various sectors	Pro-sustainability investment improved understanding of the level of complexity of policymaking process
Mali	George <i>et al.</i> , 2015 ³⁰	iCCM	Review of how policy analysis can inform iCCM	Scaling up of iCCM requires understanding of the political accountabilities and how learning for policies is sustained	iCCM, reflects health politics, policy, and practice, for which policy analysis is vital to promote evidence-to-policy process
	Burchett <i>et al.</i> , 2012 ³¹	Vaccine adoption	Exploring the processes of national decision-making around new vaccine adoption	The main drivers influencing decisions were the availability of funding and political prioritization or the vaccine-preventable disease and the burden of disease	Understanding the realities of vaccine policy decision-making is critical for developing strategies to encourage improved EIDM
Niger	Dalglish <i>et al.</i> , 2017 ³²	Policymaking for child survival	Examination of processes of health policy development	Policymakers possessed skills and capacities to negotiate with donors and deliberate and weigh conflicting considerations	Evidence-based policy research should use broader definitions of evidence or knowledge of policy environments
	Rodríguez <i>et al.</i> , 2017 ³³	iCCM	Explore whether, how and why evidence influenced policy formulation	National monitoring data and international research evidence were used to identify policy options	While evidences from research studies and other contexts are critical to policy development, local evidence is often needed to answer key policymaker questions

Contd...

Table 2: Contd...

Country	Author/year of publication	Health policy focus	Key policy components assessed	Main findings/evidence generated	Implication for evidence-to-policy process
Senegal	Luzze <i>et al.</i> , 2017 ³⁶	Immunization supply chains	Landscape of policy environment around immunization to identify relevant policies	Need for better coordination and planning between immunization programs for timely data for decision-making	Involvement of high-level political actors, ministers, and parliamentarians required to influence policy
	Kraft <i>et al.</i> , 2018 ³⁷	FP	Understand the use and perceived impact of WHO's evidence-based FP guidance	WHO materials are trusted because they are evidence based, and they are adapted to the country context	Improvements in the system might contribute to increased use of the WHO materials
Togo	Duvall <i>et al.</i> , 2016 ⁴⁰	Access to HIV prevention and care	Assessment of policy and access to HIV prevention, care, and treatment services	Several policy barriers and laws restrict access to services	Policies are needed to address stigma and discrimination particularly health-care provider and law enforcement training
	Sanni <i>et al.</i> , 2018 ⁴¹	Tobacco control	Assessment of the use of an MSA in developing and implementing policies	Formulation of tobacco control policies was driven locally by the political, historical, social, and economic contexts	There is a need to address MSA measurement issues, and the impact of multiple organizations for effective and timely policy formulation and implementation

EIDM: Evidence-informed decision-making, NITAG: National Immunization Technical Advisory group, HRH: Human resources for health, iCCM: Integrated community case management, FP: Family planning, WHO: World Health Organization, MSA: Multisectoral approach, RRS: Rapid response service, EIPM: Evidence-informed policymaking, SCs: Steering committees

costing exercises represented an important driver of the human resources development plan (HRDP) elaboration, which lent credibility to the process, and provided a financial framework within HRH policies.²⁷

Liberia: Use of policy dialog and health governance and leadership

The two studies from Liberia focused on policy dialog²⁸ and on health governance and leadership (HGL).²⁹ The first study assessed how context influences policy dialog, particularly participation of stakeholders before and during the Ebola outbreak. The study observed that the context was instrumental in shaping the dialogs according to the issue of focus, requirements for participation, and the decisions to be made.²⁸ The second study analyzed national policies and strategies of HGL pertaining to maternal, newborn and child health (MNCH). The study observed that evidence-to-policy link can be facilitated by promoting some aspects of HGL, namely establishing child survival as the top national priority and bringing together donors, strategic partners, health and nonhealth stakeholders, and beneficiaries to collaborate in strategic planning.²⁹

Mali: Use of policy analysis and political prioritization

In Mali, the two studies reviewed focused on integrated community case management (iCCM)³⁰ and on vaccine adoption.³¹ The first study reviewed how policy analysis can inform: How iCCM is framed and negotiated, how iCCM is tailored for national health systems, and how to foster accountability and learning for iCCM. The study observed that scaling up of iCCM requires understanding of the political accountabilities involved, how ownership can

be fostered and the sustainability of learning for improved policies and programs.³⁰ The second study explored the processes of national decision-making around new vaccine adoption and to understand the factors affecting these decisions. The study observed that among the main drivers influencing decisions were the availability of funding and political prioritization.³¹

Niger: Use of health policy development and local evidence in national monitoring data

In Niger, the two studies reviewed focused on the examination of processes of health policy development in iCCM of childhood illness³² and on how and why evidence influenced policy formulation for iCCM.³³ In the first study, it was noted that the policymakers possessed skills and capacities to negotiate with donors and deliberate and weigh conflicting considerations but lacked capacity and resources to formally evaluate and document programs.³² In the second study, national monitoring data were used to identify the issue of children dying in the community prior to reaching health facilities.³³ The study concluded that while evidence from research studies and other contexts can be critical to policy development, local evidence is often needed to answer key policymaker questions.³³

Nigeria: Multisectoral action in policy development and consultative process

In Nigeria, the two studies reviewed focused on multisectoral action (MSA) in policy development³⁴ and on maternal, newborn and child health (MNCH).³⁵ The first study provided descriptions of policy contents, processes, and actors as well as contextual factors related to the policies around the major

Table 3: Profile and characteristics of publications reporting the processes that promoted evidence-to-policy process in health intervention in Anglophone countries of West Africa

Country	Author/year of publication	Health policy focus	Key policy components assessed	Findings/evidence generated	Implication for evidence-to-policy process
The Gambia	Hasan <i>et al.</i> , 2018 ²⁰	Vaccine surveillance	Surveillance systems to demonstrate the impact of vaccines on disease burden	Local institutions played a critical role in making surveillance data available to policymakers	Documenting the use of surveillance activities can be used as an advocacy tool to convince governments to invest in surveillance
	Hawkes <i>et al.</i> , 2016 ²¹	Strengthening capacity on evidence production	Individual, organizational, and institutional capacity strengthening	Success in building the capacity of individuals to access, understand, and use evidence/ data	Sustainability of EIPM requires strengthening institutional capacity and addressing the political environment and incentives
Ghana	Howard <i>et al.</i> , 2018 ²²	National immunization	Examination of functionality of NITAGs	NITAGs played a critical role in evidence-based decision-making processes	NITAGs have an important and valued role within national immunization decision-making and needs sustainable technical and financial support
	Araujo de Carvalho <i>et al.</i> , 2015 ²³	Aging and health	Defined priority problems and health system responses, through policy dialog	Priority problems identified including functional impairment and social isolation and poor utilization of health-care services	The framework was useful for engaging stakeholders to develop evidence-informed policies on aging and the terms used adapted to local contexts
Liberia	Nabyonga-Orem <i>et al.</i> , 2015 ²⁸	Policy dialog	Assessment of how context influences policy dialog	Context was instrumental in shaping the dialogs according to the issue of focus for decision-making	To strengthen policy dialogs, there needs to be proper information sharing through diverse forums
	Haley <i>et al.</i> , 2019 ²⁹	HGL	Analysis of national policies and strategies of HGL	Evidence-to-policy process promoted through bringing together stakeholders and beneficiaries to collaborate in strategic planning	Stakeholders' collaboration proves useful in facilitating policy sustainability
Nigeria	Juma <i>et al.</i> , 2018 ³⁴	MSA in policy development	Descriptions of policy contents, processes, and actors as well as contextual factors	Some degree of application of MSA in policy development. Coordination was enabled through expert or technical working groups	Stronger coordination mechanisms with clear guidelines for sector engagement are required for effective MSA
	Uneke <i>et al.</i> , 2017 ³⁵	MNCH	Assessment of the extent EIPM mechanism	A consultative process involving multiple stakeholders was employed, but no rigorous scientific process in policy development process	Health policy development process on MNCH should follow EIPM process and clearly document the process of incorporating evidence in the policy development
Sierra Leone	Sarkar <i>et al.</i> , 2018 ³⁸	Strengthening multisectoral efforts	Assessment of multisectoral, context-specific, and country-led approach to effectively address anemia	Use of evidence promoted by: agenda setting, leadership commitment, and stakeholders' collaboration	The experiences contribute to the global evidence base and planning at the national level and developing multisectoral platforms
	Witter <i>et al.</i> , 2016 ³⁹	HRH	Assess the patterns and drivers of postconflict policymaking, for change and reform of health systems	No formula for whether or when a "window of opportunity" will arise which allows health systems to be reset	Windows of opportunity for change and reform can occur but they depend on a constellation of leadership, financing, and capacity

NITAGs: National Immunization Technical Advisory Groups, HGL: Health governance and leadership, MSA: Multisectoral action, MNCH: Maternal, newborn and child health, HRH: Human resources for health, EIPM: Evidence-informed policymaking

noncommunicable disease (NCD) risk factors. The study observed that there was some degree of application of MSA in NCD prevention policy development and noted that stronger coordination mechanisms with clear guidelines for sector engagement are required.³⁴ The second study assessed the extent EIPM mechanism was employed in the MNCH policy formulation process. The study observed that policy documents focused on maternal health improvements and the use of a consultative process involving multiple stakeholders for policy development.³⁵

Senegal: Use of landscape of policy environment and evidence-based guidance

The two studies from Senegal focused on immunization supply chains³⁶ and on family planning (FP).³⁷ The first study conducted a landscape of policy environment around immunization to identify relevant policies and administrative and technical roles and responsibilities, affecting the supply chain for immunization. The study observed the need for better coordination and planning for all aspects of immunization programs and better,

Table 4: Profile and characteristics of publications reporting the processes that promoted evidence-to-policy process in health intervention in Lusophone countries of West Africa

Country	Author/year of publication	Health policy focus	Key policy components assessed	Findings/evidence generated	Implication for evidence-to-policy process
Cape Verde	Nabyonga-Orem <i>et al.</i> , 2016 ¹⁶	Health policy dialog	Policy dialog operational process, for interactive and evidence sharing	Ensuring stakeholder participation, improving stakeholder harmonization and alignment, and improved evidence-to-policy process	Policy dialogue offers the opportunity to improve stakeholder participation in policy development and promote effectiveness of foreign aid
	Dovlo <i>et al.</i> , 2016 ¹⁷	Policy dialogs	Participation in the policy dialogs	Dialog success factors: the use of innovative approaches, good facilitation, and good communication	Policy dialog is an effective tool in health sector management and could be a crucial component of the governance dynamics of the sector
Guinea Bissau	Kok <i>et al.</i> , 2012 ²⁶	HRS	Assessment of how the HRS emerged and evolved and how the system functions	The volatile and resource-dependent context, changes in donor policies, training of local researchers, and nature of the research findings influenced HRS	If research is to contribute to local decision-making, it is essential to link research to decision-making processes
	Tyrell <i>et al.</i> , 2010 ²⁷	HRH	Practice of costing exercises and HRH costing methodologies	Costing exercises represented an important driver of the HRDP	Bottom-up and country-specific costing methodologies have the potential to serve adequately the multifaceted purpose of the HRDP

HRH: Human resources for health, HRDP: Human Resources Development Plans, HRS: Health research systems

more timely data for decision-making.³⁶ The second study assessed the use and perceived impact of WHO’s evidence-based FP guidance and tools and ways to strengthen their use. The study observed that the WHO materials are evidence based and, when adapted to the country context, will improve evidence-to-policy process.³⁷

Sierra Leone: Use of multisectoral efforts and leadership capacity improvement

The two studies from Sierra Leone focused on strengthening multisectoral efforts to effectively address anemia³⁸ and on HRH.³⁹ In the first study, some factors that can improve evidence-to-policy link to address anemia included agenda setting; establishment of a cohesive coordination structure; strong, committed leadership; and representation of diverse stakeholders.³⁸ The second study assessed the patterns and drivers of postconflict policymaking, and observed that windows of opportunity for change and reform depend on a constellation of leadership and capacity improvement.³⁹

Togo: Use of operational guidelines and local context evidence

The two studies from Togo focused on access to HIV prevention, care, and treatment services⁴⁰ and on tobacco control.⁴¹ The first study observed that several policy barriers restrict men who have sex with men (MSM) and sex workers from accessing services and result in harassment and arrests, but development of operational guidelines can improve policy implementation and service uptake.⁴⁰ The second study assessed the use of a multisectoral approach (MSA) in developing and implementing tobacco control policies. The study observed that the formulation of tobacco control policies was driven locally by the political, historical, social, and economic contexts.⁴¹

DISCUSSION

The outcome of this rapid review has shown that the countries of West Africa have evolved various strategies to promote evidence-to-policy processes in health interventions to improve health outcomes. A discussion of the vital lessons that have been learned from these strategies is presented below.

Policy cycle mechanism and political prioritization

The use of policy analysis and policy cycle mechanisms including agenda setting, policy formulation and legitimation, implementation fidelity, and policy results has been shown to enhance evidence-to-policy process.^{12,42} It is, however, vital to consider the use of policy cycle within the lens of political prioritization if policy implementation will be very successful and achieve the set objectives. In Benin, the policy development process suffered from inadequate uptake of evidence because the policy content and process were not completely in harmony with political goals.¹² It is important to state that the process of EIPM is not only a technical matter of knowledge translation but can be much more a political process.^{43,44} In a previous study, it was argued that the social determinants of health are amenable to political interventions and therefore the policy development processes which drive health interventions are largely dependent on political action.⁴⁵ Studies from West African countries have demonstrated how politics played major contributory roles in the success and failures of the development and implementation of some policies on health intervention.^{12,18}

Rapid response services

The RRS has been described as an innovation that aims to support the policy and decision-making process, providing relevant and timely research evidence when it is needed.⁴⁶ The

use of RRSs to promote EIPM is gaining increased attention in a number of low- and middle-income countries.^{14,46-48} The study from Burkina Faso is an example of how RRS was successfully used to facilitate the use of research evidence in policymaking.¹⁴ In a previous study from Uganda, it was reported that RRS received policy and decision questions and responded to these with the best available research evidence in summarized and contextualized forms within short periods of time.⁴⁷ RRS has the potential of enhancing the timeliness and relevance of research evidence for policymaking and will likely improve contact and interaction between policymakers and researchers when available.⁴⁶

Technical advisory group and steering committees

The use of technical advisory groups (TAGs) and SCs facilitated the EIPM process in Burkina Faso, Côte d'Ivoire, and Ghana.^{15,18,22} A TAG or an SC has been defined as a group of health policy actors/experts who meet on a regular basis to decide on, guide, and evaluate a project's implementation, and to recommend strategies on how to best to achieve the project's goal and objectives.^{15,49} Available reports have shown that both TAG and SC have played vital roles in bridging the divide between research and policy and promoting EIPM. Such groups and committees have functioned as health coordination mechanisms and have strengthened the development of a sector-wide approach in facilitating EIPM.^{50,51}

Policy dialog

Policy dialog has emerged as a key strategy for the promotion of EIPM in the West African sub-region as can be seen from the examples in Cape Verde,¹⁶ Ghana,²³ Guinea,²⁴ and Liberia.²⁸ Policy dialog is a vital interactive knowledge-sharing platform. It follows a deliberative process aimed at strengthening the quality of policy thinking, identifying context-specific issues, and exploring ways in which end users and policy actors can explore strategic policy options for health system reform.^{52,53} In Cape Verde, policy dialog enhanced health sector management, and the success factors included the use of innovative approaches, good facilitation, availability of resources for dialogs, good communication, and consideration of different opinions.¹⁶ The report from Guinea showed that policy dialog improved harmonization in terms of fostering information exchange among partners.

Capacity-strengthening mechanisms

The establishment of capacity-strengthening mechanisms on EIPM including the use of specialized workshops and other forms of training programs has been advocated.²¹ The United Nations Development Programme⁵⁴ defined capacity as the ability of individuals, institutions, and societies to perform functions, solve problems, and set and achieve objectives in a sustainable manner. In the Gambia, strengthening capacity at individual, organizational, and institutional levels was identified as a key strategy for facilitating EIPM.²¹ The study added that sustainability of EIPM requires strengthening institutional capacity and addressing the incentives facing

policymakers that support the use of evidence in policy cycles.²¹ In a previous study, Lavis *et al.*⁵⁵ identified four areas that capacity-strengthening mechanism to improve EIPM can focus on, including: (i) the ability to acquire research evidence; (ii) reviewing the strength and generalizability of evidence; (iii) adapting research findings to make them relevant in a local context; and (iv) evaluating the feasibility of different policy options.

Local context evidence and operational guidelines

The consideration of local context evidence and their use in operational guidelines has been shown to improve the EIPM process in Niger,³³ Senegal,³⁷ and Togo.⁴⁰ The health system of the West African region is highly influenced by its complex and multidimensional contextual issues such as tradition, religions, language, and culture.⁸ This explains why the use of local context-specific evidence can facilitate the EIPM process. In a study in Ghana on the health policy agenda setting and formulation on free antenatal care in government facilities, Koduah *et al.*,⁵⁶ while studying the Ghanaian health policy agenda setting and formulation on free antenatal care, observed that contextual factors such as political ideology, economic crisis, historical events, social unrest, and change in government served as bases for policymaking process.

Multisectoral action and consultative process

Among the key strategies to facilitate EIPM as highlighted by studies reviewed are MSA and consultative process. MSA and consultative process were successfully used to promote EIPM in Nigeria³⁴ and Sierra Leone.³⁸ MSA has been defined as actions that are undertaken by sectors outside the health sector – with or without the collaboration with the health sector – to attain health-related outcomes or influence health determinants.^{34,57} Because the health of the population is influenced by socioeconomic factors that often lie outside of the health sector, MSA contributes to improvements in the health of the population by addressing these social determinants of health.³⁴ Consultative process, also known as stakeholders' engagement, has been described as key toward tailoring best evidence for policy and practices.⁵⁸

CONCLUSION

This review has provided insight into what has worked in the West African region as the researchers and policymakers make efforts to promote EIPM for improved health outcomes. As the science of EIPM continues to evolve and better understanding of the process is gained among policymakers, more effective strategies to improve the evidence-to-policy link will be developed. One of such vital strategies can be the development of an EIPM guidance, which will provide step-by-step approaches that can be employed to promote evidence-to-policy-to-practice link.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Sombie I, Bouwayé A, Mongbo Y, Keita N, Lokossou V, Johnson E, *et al.* Promoting research to improve maternal, neonatal, infant and adolescent health in West Africa: The role of the West African Health Organization. *Health Res Policy Syst* 2017;15:53.
- Aidam J, Sombié I. The West African Health Organization’s experience in improving the health research environment in the ECOWAS region. *Health Res Policy Syst* 2016;14:30.
- Sombié I, Aidam J, Montorzi G. Evaluation of regional project to strengthen national health research systems in four countries in West Africa: Lessons learned. *Health Res Policy Syst* 2017;15:46.
- Travis P, Bennett S, Haines A, Pang T, Bhutta Z, Hyder AA, *et al.* Overcoming health-systems constraints to achieve the Millennium Development Goals. *Lancet* 2004;364:900-6.
- World Health Organization. Report on Meeting on Health Systems Strengthening and Primary Health Care. Report Series No. RS/2008/GE/35(PHL). Regional Office for the Western Pacific Manila, Philippines: World Health Organization; 2008.
- World Health Organization. World Report on Knowledge for Better Health: Strengthening Health Systems. Geneva: World Health Organization; 2004. http://www.who.int/tpc/meetings/world_report_on_knowledge_for_better_health.pdf. [Accessed 2020 May 10].
- Strydom WF, Funke N, Nienaber S, Nortje K, Steyn M. Evidence-based policymaking: A review. *S Afr J Sci* 2010;106:17-24.
- Defor S, Kwamie A, Agyepong IA. Towards a better understanding of the state of health policy and systems research in West Africa and the capacity strengthening needs: A review of peer-reviewed publication trends and patterns 1990-2015. *Health Res Policy Syst* 2017;15 Suppl 1:55.
- Agyepong IA, Kwamie A, Frimpong E, Defor S, Ibrahim A, Aryeetey GC, *et al.* Spanning maternal, newborn and child health (MNCH) and health systems research boundaries: Conducive and limiting health systems factors to improving MNCH outcomes in West Africa. *Health Res Policy Syst* 2017;15:54.
- Tricco AC, Langlois EV, Straus SE, editors. Rapid Reviews to Strengthen Health Policy and Systems: A Practical Guide. Geneva: World Health Organization; 2017.
- Wilson M, Guta A, Waddell K, Lavis J, Reid R, Evans C. The impacts of accountable care organizations on patient experience, health outcomes and costs: A rapid review. *J Health Serv Res Policy* 2020;25:130-8.
- Dossou JP, Cresswell JA, Makoutodé P, De Brouwere V, Witter S, Filippi V, *et al.* ‘Rowing against the current’: The policy process and effects of removing user fees for caesarean sections in Benin. *BMJ Glob Health* 2018;3:e000537.
- Aryeetey R, Holdsworth M, Taljaard C, Hounkpatin WA, Colecraft E, Lachat C, *et al.* Evidence-informed decision making for nutrition: African experiences and way forward. *Proc Nutr Soc* 2017;76:589-96.
- Zida A, Lavis JN, Sewankambo NK, Kouyate B, Ouedraogo S. Evaluating the process and extent of institutionalization: A case study of a rapid response unit for health policy in Burkina Faso. *Int J Health Policy Manag* 2018;7:15-26.
- Keita N, Lokossou V, Berthe A, Sombie I, Johnson E, Busia K. The West African experience in establishing steering committees for better collaboration between researchers and decision-makers to increase the use of health research findings. *Health Res Policy Syst* 2017;15:50.
- Nabyonga-Orem J, Ousman K, Estrelli Y, Rene AK, Yakouba Z, Gebrikidane M, *et al.* Perspectives on health policy dialogue: Definition, perceived importance and coordination. *BMC Health Serv Res* 2016;16 Suppl 4:218.
- Dovlo D, Nabyonga-Orem J, Estrelli Y, Mwisongo A. Policy dialogues-the “bolts and joints” of policy-making: Experiences from Cabo Verde, Chad and Mali. *BMC Health Serv Res* 2016;16 Suppl 4:216.
- Blau J, Faye PC, Senouci K, Dagnan SN, Douba A, Saracino JT, Gessner BD. Establishment of a national immunization technical advisory group in Côte d’Ivoire: Process and lessons learned. *Vaccine* 2012;30:2588-93.
- Gupta N, Dal Poz MR. Assessment of human resources for health using cross-national comparison of facility surveys in six countries. *Hum Resour Health* 2009;7:22.
- Hasan AZ, Saha S, Saha SK, Sahakyan G, Grigoryan S, Mwenda JM, *et al.* Using pneumococcal and rotavirus surveillance in vaccine decision-making: A series of case studies in Bangladesh, Armenia and the Gambia. *Vaccine* 2018;36:4939-43.
- Hawkes S, K Aulakh B, Jadeja N, Jimenez M, Buse K, Anwar I, *et al.* Strengthening capacity to apply health research evidence in policy making: Experience from four countries. *Health Policy Plan* 2016;31:161-70.
- Howard N, Walls H, Bell S, Mounier-Jack S. The role of National Immunisation Technical Advisory Groups (NITAGs) in strengthening national vaccine decision-making: A comparative case study of Armenia, Ghana, Indonesia, Nigeria, Senegal and Uganda. *Vaccine* 2018;36:5536-43.
- Araujo de Carvalho I, Byles J, Aquah C, Amofah G, Biritwum R, Panisset U, *et al.* Informing evidence-based policies for ageing and health in Ghana. *Bull World Health Organ* 2015;93:47-51.
- Kwamie A, Nabyonga-Orem J. Improved harmonisation from policy dialogue? Realist perspectives from Guinea and Chad. *BMC Health Serv Res* 2016;16 Suppl 4:222.
- Kim SS, Rogers BL, Coates J, Gilligan DO, Sarriot E. Building evidence for sustainability of food and nutrition intervention programs in developing countries. *Adv Nutr* 2013;4:524-6.
- Kok MO, Rodrigues A, Silva AP, de Haan S. The emergence and current performance of a health research system: Lessons from Guinea Bissau. *Health Res Policy Syst* 2012;10:5.
- Tyrrell AK, Russo G, Dussault G, Ferrinho P. Costing the scaling-up of human resources for health: Lessons from Mozambique and Guinea Bissau. *Hum Resour Health* 2010;8:14.
- Nabyonga-Orem J, Gebrikidane M, Mwisongo A. Assessing policy dialogues and the role of context: Liberian case study before and during the Ebola outbreak. *BMC Health Serv Res* 2016;16 Suppl 4:219.
- Haley CA, Brault MA, Mwinga K, Desta T, Ngure K, Kennedy SB, *et al.* Promoting progress in child survival across four African countries: The role of strong health governance and leadership in maternal, neonatal and child health. *Health Policy Plan* 2019;34:24-36.
- George A, Rodríguez DC, Rasanathan K, Brandes N, Bennett S. iCCM policy analysis: Strategic contributions to understanding its character, design and scale up in sub-Saharan Africa. *Health Policy Plan* 2015;30 Suppl 2:ii3-11.
- Burchett HE, Mounier-Jack S, Griffiths UK, Biellik R, Ongolo-Zogo P, Chavez E, *et al.* New vaccine adoption: Qualitative study of national decision-making processes in seven low- and middle-income countries. *Health Policy Plan* 2012;27 Suppl 2:ii5-16.
- Dalglish SL, Rodríguez DC, Harouna A, Surkan PJ. Knowledge and power in policy-making for child survival in Niger. *Soc Sci Med* 2017;177:150-7.
- Rodríguez DC, Shearer J, Mariano AR, Juma PA, Dalglish SL, Bennett S. Evidence-informed policymaking in practice: Country-level examples of use of evidence for iCCM policy. *Health Policy Plan* 2015;30 Suppl 2:ii36-45.
- Juma PA, Mapa-Tassou C, Mohamed SF, Matanje Mwangomba BL, Ndinda C, Oluwasanu M, *et al.* Multi-sectoral action in non-communicable disease prevention policy development in five African countries. *BMC Public Health* 2018;18:953.
- Uneke CJ, Sombie I, Keita N, Lokossou V, Johnson E, Ongolo-Zogo P, *et al.* Promoting evidence informed policy making in Nigeria: A review of the maternal, newborn and child health policy development process. *Health Promot Perspect* 2017;7:181-9.

36. Luzzi H, Badiane O, Mamadou Ndiaye EH, Ndiaye AS, Atuhaire B, Atuhebwe P, *et al.* Understanding the policy environment for immunization supply chains: Lessons learned from landscape analyses in Uganda and Senegal. *Vaccine* 2017;35:2141-7.
37. Kraft JM, Oduyebo T, Jatlaoui TC, Curtis KM, Whiteman MK, Zapata LB, *et al.* Dissemination and use of WHO family planning guidance and tools: A qualitative assessment. *Health Res Policy Syst* 2018;16:42.
38. Sarkar D, Murphy H, Fisseha T, Koroma AS, Hodges MH, Adero N, *et al.* Understanding the process of strengthening multi-sectoral efforts for anemia reduction: Qualitative findings from Sierra Leone and Uganda. *Int J Health Plann Manage* 2018;33:1024-44.
39. Witter S, Bertone MP, Chirwa Y, Namakula J, So S, Wurie HR. Evolution of policies on human resources for health: Opportunities and constraints in four post-conflict and post-crisis settings. *Confl Health* 2016;10:31.
40. Duvall S, Irani L, Compaoré C, Sanon P, Bassonon D, Anato S, *et al.* Assessment of policy and access to HIV prevention, care, and treatment services for men who have sex with men and for sex workers in Burkina Faso and Togo. *J Acquir Immune Defic Syndr* 2015;68 Suppl 2:S189-97.
41. Sanni S, Hongoro C, Ndinda C, Wisdom JP. Assessment of the multi-sectoral approach to tobacco control policies in South Africa and Togo. *BMC Public Health* 2018;18:962.
42. Fadlallah R, El-Jardali F, Nomier M, Hemadi N, Arif K, Langlois EV, *et al.* Using narratives to impact health policy-making: A systematic review. *Health Res Policy Syst* 2019;17:26.
43. Humphreys K, Piot P. Scientific evidence alone is not sufficient basis for health policy. *BMJ* 2012;344:e1316.
44. Liverani M, Hawkins B, Parkhurst JO. Political and institutional influences on the use of evidence in public health policy. A systematic review. *PLoS One* 2013;8:e77404.
45. Bambra C, Fox D, Scott-Samuel A. Towards a politics of health. *Health Promot Int* 2005;20:187-93.
46. Mijumbi-Deve R, Sewankambo NK. A process evaluation to assess contextual factors associated with the uptake of a rapid response service to support health systems' decision-making in Uganda. *Int J Health Policy Manag* 2017;6:561-71.
47. Mijumbi RM, Oxman AD, Panisset U, Sewankambo NK. Feasibility of a rapid response mechanism to meet policymakers' urgent needs for research evidence about health systems in a low income country: A case study. *Implement Sci* 2014;9:114.
48. Mansilla C, Herrera CA, Basagoitia A, Pantoja T. The evidence-informed policy network (EVIPNet) in Chile: Lessons learned from a year of coordinated efforts. *Rev Panam Salud Publica* 2017;43:e36.
49. Buffardi AL, Njambi-Szlapka S. Questions for future evidence-informed policy initiatives: Insights from the evolution and aspirations of National Immunization Technical Advisory Groups. *Health Res Policy Syst* 2020;18:40.
50. Uneke CJ, Aulakh BK, Ezeoha AE, Ndukwe CD, Onwe F. Bridging the divide between research and policy in Nigeria: The role of a health policy advisory committee. *J Public Health Policy* 2012;33:423-9.
51. Uneke CJ, Ndukwe CD, Ezeoha AA, Uro-Chukwu HC, Ezeonu CT. Implementation of a health policy advisory committee as a knowledge translation platform: The Nigeria experience. *Int J Health Policy Manag* 2015;4:161-8.
52. Lavis JN, Boyko JA, Oxman AD, Lewin S, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP) 14: Organising and using policy dialogues to support evidence-informed policymaking. *Health Res Policy Syst* 2009;7 Suppl 1:S14.
53. Jones N, Datta A, Jones H. Knowledge, policy and power: Six dimensions of the knowledge-development policy interface. *Overseas Develop Institute* 2009;1-46. Available from: <http://www.odi.org.uk/resources/download/3790.pdf>. [Accessed 2020 May 10].
54. United Nations Development Programme. Capacity Development Practice note, New York, NY: United Nations Development Programme; 2006. Available from: http://content.undp.org/go/cms-service/download/asset/?asset_id=1654154. [Accessed 2020 May 10].
55. Lavis JN, Oxman AD, Souza NM, Lewin S, Gruen RL, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP) 9: Assessing the applicability of the findings of a systematic review. *Health Res Policy Syst* 2009;7 Suppl 1:S9.
56. Koduah A, van Dijk H, Agyepong IA. The role of policy actors and contextual factors in policy agenda setting and formulation: Maternal fee exemption policies in Ghana over four and a half decades. *Health Res Policy Syst* 2015;13:27.
57. Arora M, Chauhan K, John S, Mukhopadhyay A. Multi-sectoral action for addressing social determinants of noncommunicable diseases and mainstreaming health promotion in national health programmes in India. *Indian J Community Med* 2011;36:S43-9.
58. Goodman MS, Sanders Thompson VL. The science of stakeholder engagement in research: Classification, implementation, and evaluation. *Transl Behav Med* 2017;7:486-91.